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**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

|  |  |  |                       |
|--|--|--|-----------------------|
|  |  | Application Number                       | 10/734,330            |
|  |  | Filing Date                              | 12/11/03              |
|  |  | First Named Inventor                     | Dr. Anthony K. Hedley |
|  |  | Art Unit                                 | Unknown               |
|  |  | Examiner Name                            | Unknown               |
|  |  | Total Number of Pages in This Submission | 3                     |

| ENCLOSURES <i>(Check all that apply)</i>                                     |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |  |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |  |
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| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |  |
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| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> Request for Refund                               | 2. Copy of cited reference  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        | 3. Return Receipt Postcard  |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <b>Remarks</b>  |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual name | Silicon Edge Law Group LLP<br>Arthur J. Behiel, Patent Attorney |
| Signature               |   |
| Date                    | April 7, 2004   |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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|-----------------------|---------------|
| Typed or printed name | Laurie Morep  |
| Signature             |               |
| Date                  | April 7, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.22 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Dr. Anthony K. Hedley, Michael W. Howard, and Henry H. Fletcher

Assignee: None

Title: "SURGICAL TOOLS FOR JOINT REPLACEMENT"

Serial No.: 10/734,330 Filed: December 11, 2003

Examiner: Unknown Tel: Unknown

Docket No.: OR-002 Art Unit: Unknown

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Mail Stop: DD  
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P.O. Box 1450  
Alexandria, VA 22313-1450

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.56, §1.97 and §1.98, Applicants bring the document listed on the enclosed form PTO-1449 to the Examiner's attention in the above-captioned application. Citation of the listed document shall not be construed as:

1. an admission that the document is necessarily prior art with respect to the instant application;
2. a representation that a search has been made; or
3. an admission that the information cited is, or is considered to be, material to patentability as defined in §1.56(b).

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4.7.04

Date

Laurie Moreno

Respectfully submitted,

Arthur J. Behiel  
Attorney for Applicants  
Reg. No. 39,603



|  |  |  |
|--|--|--|
| Department of Commerce, Patent and Trademark Office        |  | Serial No.: 10/734,330   |
|  |  | Filing Date: 12/11/03  |
| SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT |  | Inventors: Dr. Anthony K. Hedley, Michael W. Howard, and Henry H. Fletcher |
| "SURGICAL TOOLS FOR JOINT REPLACEMENT"                     |  | Group Art Unit: Unknown  |
|  |  | Examiner Name: Unknown   |
|  |  | Attorney Docket No.: OR-002  |

## U.S. Patent Documents

| *Examiner Initial |   | Document Number | Date | Name | Class | Subclass | Filing Date, If Appropriate |
|-------------------|---|-----------------|------|------|-------|----------|-----------------------------|
|                   | A |                 |      |      |       |          |                             |
|                   | B |                 |      |      |       |          |                             |
|                   | C |                 |      |      |       |          |                             |

## Foreign Patent Documents

|  |   |                 |            |         |       |          | Translation |    |
|--|---|-----------------|------------|---------|-------|----------|-------------|----|
|  |   | Document Number | Date       | Country | Class | Subclass | Yes         | No |
|  | D | WO 03/092513 A1 | 13.11.2003 | WIPO    | A61B  | 17/16    |             |    |
|  | E |                 |            |         |       |          |             |    |

## OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)

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|--|---|--|
|  | F |  |
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|          |                 |
|----------|-----------------|
| Examiner | Date Considered |
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with your communication to applicant.